

APPLICATION FOR WASTEWATER TREATMENT PLANT
OPERATOR CERTIFICATE RENEWAL

Name: _____

Home Address: _____

City: _____ County: _____ State: _____ Zip: _____

Your Certificate Grade: _____ Certificate Number: _____

Your Current Classification or Title: _____

Name of Plant Where Employed: _____

Work Phone: (____) _____ Home Phone: (____) _____

Supervisor's Name: _____ Title: _____

EMPLOYER: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

NOTICE REGARDING INFORMATIONAL MATERIALS ☐

The Office of Operator Certification receives requests from employers seeking certified operators for vacant positions and organizations that provide professional training courses. If you so choose, we will place your name, address and certificate grade level on our web site and on our printed mailing lists. If you wish to be included, please check the box above. By doing so, you are authorizing the Office of Operator Certification to release your name, certificate grade level and address.

Mark the appropriate box below and submit your renewal fee with this form **before the expiration date shown on your certificate.** (*)

Renewal fees:	<input type="checkbox"/>	\$95	GRADE I
	<input type="checkbox"/>	\$130	GRADE II
	<input type="checkbox"/>	\$170	GRADE III
	<input type="checkbox"/>	\$190	GRADE IV
	<input type="checkbox"/>	\$190	GRADE V

(*) You must include a \$50 Reinstatement fee in addition to the renewal fee if your certificate has expired. You must also certify by signing below that you have not been employed in the operation of a wastewater treatment plant after the date your certificate expired.

Signature

Date